

90 Day Checklist Interpretive Guidelines

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Cost Comparison Budget (CCB)

Is the CCB/POC current?	The CCB services are being utilized. The Current Services that are needed or wanted are included, as appropriate.	Review the PCD, ISP, monthly summaries, case notes, meeting minutes, etc. Do the services on the CCB address the currently identified needs and issues? Are the services utilized appropriate for the individual or to meet their needs?
Does the CCB/POC address the needs of the individual	The needs identified in the PCD, HSI, ISP, etc. are being addressed, as appropriate, using CCB services, natural supports, or plans have been developed to try to meet the needs	Review PCD, ISP, monthly summaries, case notes, meeting minutes, etc. Are there needs and issues not identified or not being addressed? Are there CCB/POC services or supports available? Have all resources been exhausted? What is being done to support the needs without the use of resources?
Is the CCB/POC implemented appropriately by all providers?	All services identified in the CCB/POC are being utilized. Services are in compliance with Service Definitions for each service being provided. Services are provided as described in the CCB and ISP. Appropriately - Appropriate to meet the consumer's identified needs and wants	Review PCD, ISP, monthly summaries, case notes, meeting minutes, daily narratives, Medicaid billing, etc. Are the services being provided allowable according to the service definitions? Are the services being delivered in accordance with the CCB justification as is indicated by the ISP?
Are staffing levels provided the individual appropriate based on the CCB/POC?	The staffing needs that were identified in the PCD, ISP and used to justify the CCB services are being utilized as they were described in the CCB	Review of PCD, ISP, CCB, daily notes, discussions with team, etc. – AS NEEDED time cards, Medicaid Billing, sign in/out sheets, etc. Are the staffing levels identified in the CCB being provided as were indicated?
Is the LOC determination current and approved, including a DDP completed within the 365 days of LOC?	LOC is current and was based on a DDP that was completed within the past 365 days (IPMG to complete a DDP and LOC every 180 Days)	Review Iserve and INsite to confirm the presence of a current DDP and LOC and to confirm the dates listed in each system are in agreement the dates and data listed for current DDP & LOC

Individualized Support Plan (ISP)

Does the ISP contain the current: a) demographic information; b) diagnoses; c) guardian/family contact information, d) outcomes; & e) strategies?	Each listed section of ISP is "current". Conflicting data is not present in any of the ISP sections	Review PCD, ISP, monthly summaries, case notes, meeting minutes, etc. Has each section of the ISP identified been updated or discontinued to reflect the currently identified information, services and supports that are required?
Are the habilitation goals developed for the strategies in the ISP measurable?	Provider progress on current O & S is being reported, and is measurable to determine when achievement has been reached, and that is in accordance with the strategies of the ISP	Review PCD, ISP, monthly summaries, case notes, meeting minutes, provider habilitation plans, etc. Has the provider developed goals that are measurable and designed to achieve the Strategies and Outcomes identified in the individual's current ISP?
Does the ISP include the current: a) medications; b) primary care physician; c) medical consultants; & d) periodic preventative health services recommended for the individual by licensed medical practitioners?	Each listed section of ISP is "current". Conflicting data is not present in any of the ISP sections	Review PCD, ISP, monthly summaries, case notes, meeting minutes, medical appointments, etc. Has the appropriate ISP sections been updated to reflect the current medications, medical providers, and any other changes related to periodical providers or medical services needed?
Does the ISP contain the current dining and nutritional needs?	The dining and nutritional needs, or a description of the individual's capabilities, is listed in the ISP	Review PCD, ISP, monthly summaries, case notes, meeting minutes, medical appointments, etc. Does the ISP describe current needs and how those needs are being met by team or the capabilities of the individual supporting the absence of needed supports?
Are the individual's current: a) behavioral support plan/s; & b) risk plan/s outlined in the ISP?	The ISP describes the current behavioral support needs and supports implemented to meet those needs and describes the individual's current risk needs and supports in place to meet those needs	Review PCD, ISP, monthly summaries, BMAN quarterly reports, case notes, meeting minutes, medical appointments, etc. Does the ISP reflect the current behavioral needs and how those needs are being addressed by the team? Does the ISP reflect the current risk needs and how those needs are being addressed by the team?
Does the ISP contain the individual's current safety and environmental requirements?	The ISP describes the individual's current safety and environmental needs and how those needs are being addressed	Review PCD, ISP, monthly summaries, case notes, meeting minutes, medical appointments, etc. Does each environmental and safety section of the ISP describe the current needs and indicate how those needs are being addressed?

Does the individual's routine outlined in the ISP include participation in community activities and events?	The ISP includes community events and activities that were identified by the consumer, appropriate to meet the consumer/s needs while keeping them safe, and focuses on inclusion and skill acquisition and not simply being in the community	Review PCD, ISP, monthly summaries, case notes, meeting minutes, medical appointments, etc. Based on the PCD, ISP, and other information, does the CCB include the desired level of participation that has been identified by the individual?
Has progress on residential habilitation and support habilitation goals developed for the strategies in the ISP been recorded consistently	The data collection, monthly summaries, etc confirm consistent implementation of the current ISP Outcomes & Strategies	Review ISP, monthly summaries, data collection sheets, case notes, meeting minutes, medical appointments, daily narratives, etc. Based on review, are goals being implemented as written?
Has the RHS provider submitted monthly progress reports?	There are adequate monthly summaries provided that report on current health, safety, and ISP O & S	Review emails, hard copies, and consumer document library to confirm presence of monthly reports for each month in which RHS services have been provided over the past quarter
Has progress on day services habilitation goals developed for the strategies in the ISP been recorded consistently	The data collection, monthly summaries, etc confirm consistent implementation of the current ISP Outcomes & Strategies	Review ISP, monthly summaries, data collection sheets, case notes, meeting minutes, medical notes, daily documentation, etc. Based on review, are goals being implemented as written?
Has the day services provider submitted monthly progress reports?	There are adequate monthly summaries provided that report on current health, safety, and ISP O & S	Review emails, hard copies, and consumer document library to confirm presence of monthly reports for each month in Day services have been provided over the past quarter
Are residential habilitation and support services being delivered in accordance with the ISP?	The RHS provider is implementing all O & S identified in the ISP and all MIR required plans and supports have been developed and are being implemented in accordance with the needs and wants described in the ISP	Review ISP, discussion with team, monthly summaries, data collection sheets, case notes, meeting minutes, medical appointments, daily narratives, etc. The needs & wants and outcomes & strategies that are identified in the ISP are being provided by the provider and based on review
Are day services being delivered in accordance with the ISP?	The DAYS provider(s) is/are implementing all O & S identified in the ISP and all MIR required plans and supports have been developed and are being implemented in accordance with the needs and wants described in the ISP	Review ISP, discussion with team, monthly summaries, data collection sheets, case notes, meeting minutes, medical appointments, daily narratives, etc. The needs & wants and outcomes & strategies that are identified in the ISP are being provided by the provider and based on review

Are behavioral support services being delivered in accordance with the ISP?	The Behavioral Support provider is implementing all O & S identified in the ISP and all MIR required plans and supports have been developed and are being implemented in accordance with the needs and wants described in the ISP	Review ISP, discussion with team, monthly summaries, data collection sheets, case notes, meeting minutes, medical appointments, daily narratives, etc. The needs & wants and outcomes & strategies that are identified in the ISP are being provided by the provider and based on review
Is the employment section of the ISP still current and is it being routinely discussed?	Confirm accuracy of section and it's compliance with current State and IPMG guidelines for content	Review PCD, ISP, monthly summaries, data collection sheets, case notes, meeting minutes, daily narratives, etc. Is the ISP employment section a current and accurate reflection
Do observations, record reviews, and discussions with the individual and their legal guardian, if indicated; confirm that the individual's needs are being addressed in the ISP?	All needs identified through completion of the DDP, PCD, ISP, CCB, and HSI, all issues identified by medical or mental health professionals, and all issues noted by any team members is included in the ISP and is being addressed by the team	Review PCD, ISP, provider summaries, data collection sheets, case notes, meeting minutes, medical appointments, daily narratives, etc., observe consumer and staff, question consumer and guardian. Does ISP identify all needs that have been identified? Is each need being appropriately addressed by the team?

Behavior Support Plan (BSP)		
Is the individual's behavioral support plan up to date?	BSP has been updated in past 12 months and reflects current behavioral needs and supports	Review ISP, provider summaries, case notes, meeting minutes, etc. Has the plan been reviewed, updated, and signed, including Level I signature, in the past 12 months?
Does the behavior plan address the needs of the individual as described in the ISP?	The behavioral needs and supports identified in the ISP are included in and being addresses by the BSP	Review ISP, provider summaries, case notes, meeting minutes, etc. Are the issues identified in the DDP, PCD, HSI, meeting minutes, etc are included in the current ISP and are implemented in the current BSP?
Has progress on the behavioral support plan been recorded consistently and	Data collection confirms the consistent behavioral support implementation of the current needs and O & S identified in the current ISP	Review ISP, provider summaries, data collection sheets, case notes, meeting minutes, daily narratives, etc. Based on review, is behavior progress being reported and is provider providing quarterly summaries?
Has the behavior support provider submitted quarterly progress reports??	Are adequate monthly summaries provided to support the current behavioral needs and issues	Review emails, hard copies, and consumer document library to confirm presence of quarterly reports for each month in which BMAN services have been provided over the past quarter
Is behavior data being documented consistently and in accordance with the behavioral support plan?	Are ABC forms, or other forms designed to gather behavior episode information, being completed consistently and as indicated in the BSP	Review ISP, provider summaries, data collection sheets, case notes, meeting minutes, daily narratives, etc. Based on review, are behaviors being recorded as they are occurring - including both targeted and non-targeted behaviors
Are behavior data graphs present and updated quarterly?	The quarterly progress report includes graph representation of the current behavior data	Review of provider reports confirms presence of behavior graphs for current review period and are consistent with other data being presented
Is HRC approval and informed consent present for all restrictive interventions used with the individual?	Approval is present and includes all restrictive measures, including medication usage	Request and review HRC approvals, review ISP, provider summaries, data collection sheets, case notes, meeting minutes, daily narratives, etc. Based on review, approvals are present for each restrictive measure utilized
Does the behavior documentation reflect the individual's status as improved or stable?	Data provided indicates that stability is being achieved or improvements are being made in consumer's behaviors	Review BMAN reports, RHS reports, DAYS reports, review meeting minutes, daily notes, etc. Does data collection confirm that behavior stability or improvement has been identified over the reporting period?

Psychotropic Medications

Does the individual's record confirm the use of psychotropic medication?	The individual is prescribed and taking psychotropic medications	Review MAR, ISP, Medical appointment forms, RHS reports, DAYS, reports, BMAN reports, BSP, etc. Based on review are any psychotropic medications being taken by the individual?
Is there informed consent and Human Rights approval for administration of the psychotropic medication to the individual?	The BSP, and any other appropriate documents, contains informed consent from the individual and guardian if applicable, and approval from an approved HRC for use of psychotropic medications	Review delivery site documents, request copies of required documents, etc. Based on record review, the informed consent is available and appropriate for the measures implemented and HRC approval has been obtained for the use of psychotropic medications
Is there a written titration plan that has been reviewed by the prescribing physician within the past year present for the psychotropic medication being administered?	The prescribing physician(s) has/have reviewed the medication usage and titration plan for each psychotropic medication prescribed and being taken	Review delivery site documents, request copies of required documents, etc. Based on record review, the titration plan has been developed and there is evidence supporting that it has been reviewed by prescribing physician within the past 12 months
Is the psychotropic medication titration plan being implemented per the written plan?	After review of the titration plan, any achievement towards the goals, objectives, benchmarks, etc. identified in the titration plan have been implemented (reduction of medications)	Review medical records, medication review documentation, titration plan, etc. Based on review, as benchmarks, goals, or objectives are achieved, titration plan has been implemented.
Are the behaviors for which the psychotropic medication is administered identified?	The behaviors, for which medication usage has been implemented, are identified within the BSP and/or Titration plan	Review titration plan, medical records, BSP, etc. Based on review, the behaviors that exist that require the use of psychotropic medications are identified within the BSP and/or Titration plan
Is the identified behavior data being documented consistently and in accordance with the titration plan?	Behavior data is being recorded as is indicated in the Titration plan	Review ABC forms, provider summaries, and other collateral as needed to confirm documentation of behavior data meets the expectations as indicated in the Titration plan
Does the ISP include an identified timeframe for psychiatric consults/visits?	If appropriate, an appointment, consult/referral, or F/U with a psychiatrist has been identified in the ISP	Review ISP, provider summaries, case notes, meeting minutes, medical appointment forms, etc. Does collateral confirm use of consults/visits and has frequency been recorded correctly in ISP

Has the individual seen a psychiatrist within the identified referral and follow-up timeframes?	The appointment with psychiatrist has occurred within the time frame identified in the ISP	Review ISP, provider summaries, case notes, meeting minutes, medical appointment forms, etc. Does review confirm that psychiatrist referrals or follow ups have occurred within the timeframe identified for the appointment to be completed?
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Risk Plans

If the individual has a risk plan addressing constipation, is documentation current?	If a risk plan is required, is current documentation is present regarding the individual's needs or issues and any episodes or occurrences have been documented for each occurrence	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, current episodes or occurrences and needs or issues are being recorded.
Is documentation in accordance with the written risk plan?	If a risk plan is required, is the documentation being recorded for each issue or need or each episode or occurrence being gathered as is indicated in the risk plan?	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, episodes are being reported as is prescribed in the risk plan implemented.
Has the plan been updated within the past year?	If a risk plan is required, the risk plan has been updated within the past 12 months and evidence of that update is evidenced in or on the plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, the current plan in place is an accurate reflection of the consumer's needs and evidence is present that the plan has been updated within the past 12 months.
Is the risk plan addressing constipation being implemented as written?	The plan, including training, proactive techniques, interventions, documentation, etc. is being completed as is indicated in the current plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, is the plan being implemented as prescribed in the plan?
If the individual has a risk plan addressing aspiration, is documentation current?	If a risk plan is required, is current documentation is present regarding the individual's needs or issues and any episodes or occurrences have been documented for each occurrence	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, current episodes or occurrences and needs or issues are being recorded.
Is documentation in accordance with the written risk plan?	If a risk plan is required, is the documentation being recorded for each issue or need or each episode or occurrence being gathered as is indicated in the risk plan?	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, episodes are being reported as is prescribed in the risk plan implemented.
Has the plan been updated within the past year?	If a risk plan is required, the risk plan has been updated within the past 12 months and evidence of that update is evidenced in or on the plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, the current plan in place is an accurate reflection of the consumer's needs and evidence is present that the plan has been updated within the past 12 months.

Is the risk plan addressing aspiration being implemented as written?	The plan, including training, proactive techniques, interventions, documentation, etc. is being completed as is indicated in the current plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, is the plan being implemented as prescribed in the plan?
If the individual has a risk plan addressing hydration, is documentation current?	If a risk plan is required, is current documentation is present regarding the individual's needs or issues and any episodes or occurrences have been documented for each occurrence	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, current episodes or occurrences and needs or issues are being recorded.
Is documentation in accordance with the written risk plan?	If a risk plan is required, is the documentation being recorded for each issue or need or each episode or occurrence being gathered as is indicated in the risk plan?	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, episodes are being reported as is prescribed in the risk plan implemented.
Has the plan been updated within the past year?	If a risk plan is required, the risk plan has been updated within the past 12 months and evidence of that update is evidenced in or on the plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, the current plan in place is an accurate reflection of the consumer's needs and evidence is present that the plan has been updated within the past 12 months.
Is the risk plan addressing hydration being implemented as written?	The plan, including training, proactive techniques, interventions, documentation, etc. is being completed as is indicated in the current plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, is the plan being implemented as prescribed in the plan?
If an individual has a risk plan addressing other risks not already identified, is documentation current?	If a risk plan is required, is current documentation is present regarding the individual's needs or issues and any episodes or occurrences have been documented for each occurrence	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, current episodes or occurrences and needs or issues are being recorded.
Is documentation in accordance with the written risk plan?	If a risk plan is required, is the documentation being recorded for each issue or need or each episode or occurrence being gathered as is indicated in the risk plan?	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, episodes are being reported as is prescribed in the risk plan implemented.
Has the plan been updated within the past year?	If a risk plan is required, the risk plan has been updated within the past 12 months and evidence of that update is evidenced in or on the plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, the current plan in place is an accurate reflection of the consumer's needs and evidence is present that the plan has been updated within the past 12 months.

Is the risk plan(s) being implemented as written?	The plan, including training, proactive techniques, interventions, documentation, etc. is being completed as is indicated in the current plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, is the plan being implemented as prescribed in the plan?
Are copies of risk plans readily available for each health and safety risks that have been identified the individual's ISP?	Risks plans are in place for each risk identified as requiring a plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, each identified risk, except for other risks identified in this section, has a risk plan, as needed
Does an interview with randomly selected direct support staff confirm their knowledge of the individual's risk plans?	Staff interviewed, can identify each risk (by describing the issue is acceptable), how does the issue affect the individual (daily seizure activity, hands on physical support for all walking, etc), the required preventative techniques to keep the individual safe (prader willi, no/limited access to food, etc.),	Interview staff; prior to the meeting when visiting the consumer, at the meeting, or contact by phone outside of the meeting. Confirm their knowledge of each risk issue.

Nutritional/Dining Needs

Are the individual's nutritional and dining needs as identified in the ISP addressed in a written dining plan that is available to staff, and has it been updated within the last year?	The plan in place describes the currently identified needs, is available in the home, and it has been updated in past 12 months	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review a current plan is in place to address the current needs, is present, and the plan has been updated in the past 12 months
Does the individual's dining plan include food restrictions, food consistencies, needed adaptive equipment, and staff instructions that are specific to the individual?	The plan in place identifies any food restrictions, the required food consistency, the need for adaptive equipment, and directions required for staff to keep the individual safe.	Review ISP, provider summaries, case notes, meeting minutes, etc. Review the plan to confirm that it is individualized specifically for the individual and that is includes each element identified
Does an interview with randomly selected direct support staff confirm their knowledge of the individual's dining plan, including any identified "triggers"?	Staff interviewed, can identify the individual's needs (describing the need is acceptable), identify how the issue affects the individual (food restrictions, the required food consistency, the need for adaptive equipment, and directions required for staff to keep the individual safe), including any "triggers".	Interview staff; prior to the meeting when visiting the consumer, at the meeting, or contact by phone outside of the meeting. Confirm their knowledge of each risk issue.
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm the individual has been free of choking and/or aspiration events, including any "triggers" as identified in the dining plan?	The individual has not had any choking or aspiration events. This would include any instances in which the dining plan "triggers" would have been noted.	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review and discussions, no evidence suggests that a choking or aspiration event occurred, or that instances in which "triggers" were identified has occurred?

Has the individual's weight remained stable, with no increase or decrease of more than 10 pounds over the past quarter?	The individual's weight, over the past quarter, been within 10 pounds of the weight recorded in the last quarter OR loss has been more than or less than 10, but was a planned loss or gain for health reasons	Review and the individual's weight over the past quarter. The individual's weight is within 10 pounds of the weight recorded in the previous quarter. Losses or gains exceeding 10 pounds were planned
Has the individual's weight remained stable, with no increase or decrease of more than 10 pounds over the past 4 quarters?	The individual's weight, over the past 4 quarters, been within 10 pounds of the weight recorded in the last quarter OR loss has been more than or less than 10, but was a planned loss or gain for health reasons	Review and the individual's weight over the past 4 quarters. The individual's weight is within 10 pounds of the weight recorded in the previous quarter. Losses or gains exceeding 10 pounds were planned

Medical Needs

Does record review and discussion with staff, the individual and the legal guardian, if indicated, confirms the individual received appropriate follow-up from emergency room visits and/or hospitalizations over the past 90 days?	Follow up appointments, identified in the discharge orders, were completed as ordered for each emergency room visit and/or hospitalization over the past quarter.	Review provider summaries, case notes, meeting minutes, etc. Based on record review and discussions with staff/family, has follow ups, as ordered after a visit to the ER or hospital stay, occurred?
Has the individual seen a dentist within the past year or within prescribed timeframes?	Dentist, or other medical provider, appointment has been completed in the past 12 months (or as indicated by the medical provider) to ensure the individual's teeth, gum, and/or mouth needs are being addressed	Review provider summaries, case notes, meeting minutes, etc. Based on record review and discussions with staff/family, has appointment occurred as prescribed?
Has the individual had an eye examination within the past two years or within prescribed timeframes?	Optometrist, or other eye health professional, appointment has been completed in the past 12 months (or as indicated by the medical provider) to ensure the individual's vision and/or eye needs are being addressed	Review provider summaries, case notes, meeting minutes, etc. Based on record review and discussions with staff/family, has appointment occurred as prescribed?
Has the individual seen their primary care physician within the past year?	Primary Care Physician appointment has been completed in the past 12 months	Review provider summaries, case notes, meeting minutes, etc. Based on record review and discussions with staff/family, has appointment occurred as prescribed?
Does record review and discussion with staff, the individual and the legal guardian, if indicated, confirms the individual received all routine periodic preventative health care services as indicated in the ISP?	As needed to address age appropriate, gender appropriate, ethnicity specific, lab appointments, or any other routine, preventative appointments that are required based on the individual's current health or safety needs are recorded in the ISP and appointments, procedures, testing, etc is being completed as indicated	Review provider summaries, case notes, meeting minutes, etc. All needed/required appointments, testing, labs, screenings, etc have occurred as is indicated in the ISP

Does record review and discussion with staff, the individual and the legal guardian, if indicated, confirms the individual has seen all specialists within designated referral and follow-up timeframes?	All specialist's referrals and/or follow ups have been completed within the time frame prescribed.	Review provider summaries, case notes, meeting minutes, etc. Referrals and follow ups have been completed and within the time frame, as indicated, by the referring physician or within the timeframe indicated.
Does record review and discussion with staff, the individual and the legal guardian, if indicated, confirms all apparent health care needs are being addressed?	All health known or undiagnosed related issues, needs, or concerns are being addressed by an appropriate and qualified health professional.	Review provider summaries, case notes, meeting minutes, etc. Health related issues have been identified, discussed, diagnosed, referred, etc. to ensure all issues are being appropriately addressed

Medications

Is there a written individualized medication administration plan and a medication administration record available for the individual?	As required, a plan is in place to support the individual's medication administration needs. As required, a Medication Administration Record is in place to document the administration of medications to or by the individual	Based on review of provider file, there is a med admin plan and MAR present and it has been individualized to meet the individual's needs?
Does the medication administration record confirm that all currently prescribed medications are being administered without error and in compliance with the individual's medication administration plan?	As needed, evidence confirms that medications have been administered without error.	Based on review of provider file, MAR, meeting minutes, daily narratives, etc. Evidence confirms that the administration of medication has occurred without error.
Are medications being stored per the individual's medication administration plan?	As needed, evidence confirms that medications are being stored as indicated	Based on review of Medication Administration Plan and medications prescribed, medications are being stored as indicated and required by medicine
Does observation of the individual, review of the individual's medication side effect documentation, and discussion with staff, the individual and the legal guardian if indicated, confirm the absence of medication side effects for the individual?	As needed, discussions and record reviews has confirmed that side effects for the medications prescribed have not been indicated, noted, or observed	Based on review of daily narratives and other collateral, and discussions with staff and family/guardian, has the individual been free from medication side effects?

Seizure Management

Does the individual have a written seizure management plan that includes documentation of seizure activity and the individual's history of seizures, and has the plan been updated within the past year?	As needed, the documentation recorded is current, in accordance with the plan, and evidence is present to indicate that the plan has been update within the past 12 months	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, episodes are being reported as prescribed, and the plan has been updated in the past 12 months
Is seizure activity being recorded consistently and in accordance with the individual's seizure management plan?	As needed, documentation of seizure needs or issues and episodes or occurrences is being documented as indicated in the plan	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on review, is the plan being implemented as prescribed in the plan?
Does the seizure data confirm the individual's seizure activity as remaining relatively the same, or as being improved over the last quarter?	The individual's seizure activity has remained stable or improved over the past quarter.	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on reviewing provider reports and data collection, is seizure activity stabilizing or improving?
Is there an identified timeframe for neurology consults/visits?	As needed, neurological services are being provided, within the time frame indicated.	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on record review and discussions with team, has the neurological appointments timeframes been identified?
Has the individual seen a neurologist within the identified referral and follow-up timeframes?	As needed, referral and follow up appointments have been completed with the neurologist as indicated.	Review ISP, provider summaries, case notes, meeting minutes, etc. Based on record review, referrals and follow ups have occurred within appropriate timeframes as indicated.

Incident Reporting		
Have all incidents been reviewed by the provider to identify trends, and has the provider shared this trend analysis in writing with the individualized support team?	The providers have reviewed all incident reports filed, identified any possible trends that exist related the incidents that have been reported, and provided a written analysis of the review with the IST	Review provider summaries, daily narratives, etc. Based on record review, the provider has reviewed all incident reports, identified any possible trends that exist in the reported incidents and an analysis of the possible trends been communicated to the support team
Does record review and discussion with staff, the individual and the legal guardian, if indicated, confirms that reportable incidents per the DDRS incident reporting policy have been reported within the 24 hour reporting criteria?	All staff and providers were with provider have reported all reportable incidents within the 24 hour timeframe for reporting incidents	Review provider summaries, daily narratives, etc. Based on review, evidence indicates that all reportable incidents have been reported within the 24 hour reporting timeframe
Was each reportable incident investigated by the provider?	The provider has completed and documented the information discovered, suspected, or confirmed in relation to the incident that occurred	Review provider summaries, daily narratives, provider QA/QI system, incident investigation reports, summaries or other documentation, etc. Based on review, evidence exists to indicate that the provider investigated the staffing, environmental, medical, emotional, physical, training, etc. factors and developed a report or summary of the outcome of the investigation into the incident that occurred.
Were recommendations resulting from the investigation of a reportable incident implemented by the provider?	The provider, as a result of investigating the incident that occurred, has developed and implemented recommendations to prevent or reduce the likelihood of future incidents from occurring.	Review provider summaries, daily narratives, provider QA/QI system, incident investigation reports, summaries or other documentation, etc. Based on review, evidence exists to indicate that recommendations to prevent or reduce the likelihood of future events have been developed and implemented.
Were staff members suspended pending the provider's investigation as indicated in DDRS incident reporting policy?	For any incidents that have been reported involving alleged, suspected, or actual abuse, neglect, or exploitation of an individual, the provider has suspending any staff involved pending the outcome of the investigation into the incident.	Review provider summaries, daily narratives, provider QA/QI system, incident investigation reports, summaries or other documentation, etc. Based on review, all staff involved has been suspended pending the outcome of the investigation for any incident involving alleged, suspected, or actual abuse, neglect, or exploitation of an individual.

Have all incidents reported within last 90 days been resolved appropriately?	For all incidents reported, needs have been identified, supports have been implemented, and the individual is being adequately supported to prevent or reduce the likelihood of future incidents	Review state incident reporting system, provider monthly summaries, daily narratives, etc. Based on review, evidence supports that incidents that have occurred in the past 90 days have been appropriately addressed (needs addressed, supports implemented, and F/Us entered routinely and timely) to prevent or reduce the likelihood of future incidents and documented in the state incident reporting system
Does an interview with randomly selected direct support staff confirm their knowledge of what constitutes a reportable incident?	Staff has a general knowledge of (alleged, suspected, or actual abuse, neglect, or exploitation of an individual) what constitutes a reportable incident and they can locate a list of all reportable incidents	Interview staff supporting the individual. As a result of the interview, staff have demonstrated on basic understanding of what should be considered as a reportable incident and they can direct CM to a list identifying all reportable incidents

Choice and Rights

Does record review and discussion with staff, the individual and their legal guardian, if indicated, confirms unrestricted access to their personal possessions?	The consumer's personal possessions, unless specifically approved by an HRC, are accessible at all times	Based on touring the home, discussions with team members, and record review has access to personal possessions not been withheld without approval of an HRC?
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual free to receive visitors with no restrictions?	The consumer has visitors and is free to invite friends over, unless specifically prohibited and approved by an HRC	Based on discussions with team members and record review, has the individual had free access to visitors coming to or wanting to come to their home without an approval for limiting access by an HRC?
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual is free to receive and open their own mail?	The mail that is sent to is received by consumer, unless prohibited and specifically approved by an HRC	Based on discussions with team members and record review, has the individual had free access to receive and open their own mail without an approval for limiting access by an HRC?
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirms the individual is free to receive and make phone calls without restrictions?	The consumer's phone (landline or cellular) is available and accessible, unless prohibited and specifically approved by an HRC	Based on discussions with team members and record review, has the individual had free access to receive and make phone calls without an approval for limiting access by an HRC?
Does record review and discussion with staff, the individual and their legal guardian, if indicated, confirms the individual is free from abuse, neglect or exploitation?	The individual has been free from reported or suspected instances of abuse, neglect, or exploitation	Based on discussions with team members and record review, has the individual had free from abuse, neglect, or exploitation?

Outside of volunteer work and expected household chores, does record review and discussion with staff, the individual and their legal guardian, if indicated, confirms the individual is free from work without pay that benefits others?	The individual, except for volunteer opportunities they have chosen and normal HH chores they complete to help maintain their home, is not working without pay that is benefiting others.	Based on discussions with team members and record review, the individual been free from working for the benefit of others without pay?
Is there documentation confirming that the individual and their legal guardian if indicated have been provided information on their right to choose and change providers?	The right to choose and change providers has been explained to and understood by the individual.	Based on discussions and record review, does evidence confirm the right to choose and change providers is understood and has been offered to the individual?
Is there documentation confirming that the individual and their legal guardian if indicated have been provided information on their right to choose and change case managers?	The right to choose and change case managers has been explained to and understood by the individual.	Based on discussions and record review, does evidence confirm the right to choose and change case managers is understood and has been offered to the individual?
Is there documentation confirming that the individual and their legal guardian have been informed of their rights as an individual receiving services?	The rights of an individual receiving services has been shared with the individual	Based on discussions and record review, does evidence confirm the rights as an individual receiving HCBS services has been explained to, offered to, and documented with the individual?
Is the individual or their legal guardian, if indicated, is able to understand and exercise these rights?	Individual and/or guardian has demonstrated that they understand their rights and their ability to exercise their rights	Based on discussions, do the individual and/or guardian demonstrate that they understand their rights and their ability to exercise their rights?

Staff Issues

Does observation, record review, and discussion with staff, the individual and the legal guardian, if indicated, indicate that staff are knowledgeable of the individual's health, safety and training needs, and capable of executing the training and supports identified in the ISP?	The staff working with the individual are knowledgeable about their needs and supports and are able to implement the training and supports identified in the ISP	Monitor staff, reviewing records, and discussing with team members about implementing the Strategies and Risk Plans and monitoring of health issues. Staff has demonstrated that they are aware of the consumer's needs and supports. Staff has demonstrated that they are capable of appropriately implementing the individual's ISP.
Can each of the staff communicate with the individual in the individual's usual mode of communication?	The staff working with the individual are able to communicate with the individual in the individual's usual mode of communication	Monitor staff, reviewing records, and discussing with team members, CM determines that staff are communicating with the individual using the individual's usual mode of communication.
Does observation of support staff interacting with the individual reveal a respectful attitude towards the individual?	Staff working with the individual have respectful interactions and conversations with the individual	Monitor casual interactions with staff, record review, and interactions with consumer. Based on record review, discussions and casual observations, does the staff interact respectfully with individual?
Does an interview with the individual and the individual's legal guardian confirm that the individual is being treated with respect by the support staff?	The individual and/or their guardian feel as though they are being treated with respect by the staff working with the individual.	Interview individual and/or guardian. Based on interview, have staff treated the individual respectfully?
Does observation, record review and discussion with staff, the individual and the legal guardian, if indicated, confirms that the individual has staff consistent with the approved Plan of Care?	The individual is being staffed by the providers working with them as is indicated in the current POC	Review monthly summaries, meeting minutes, daily narratives, etc. Based on review, each provider is providing staff as is indicate din the current POC

Does observation, record review and discussion with staff, the individual and the legal guardian if indicated, confirm that staff is consistent?

The individual is being staffed by the same familiar staff, as much as possible.

Review monthly summaries, daily narratives, employment records (as necessary), etc. Based on review, the providers are utilizing same, familiar staff as much as is possible

Fiscal Issues

Is there a provider identified as responsible for the individual's financial resources in the individual's ISP?	Is a provider needed and correctly identified in the ISP	Review ISP to confirm and update as appropriate. Based on record review and discussions, who has been identified to manage individual's financial resources?
Has the identified provider ensured current insurance coverage at the individual's expense to protect assets and property?	As applicable, the provider responsible has obtained and maintained current insurance to protect the individual's assets and property	Based on discussion and record review, does evidence exist supporting current insurance is in place for the individual's personal possessions and ,as appropriate, property.
Has the identified provider maintained a separate account for the individual's financial resources, or in the case that the provider is an organizational representative payee (confirmed with documentation from the Social Security Administration), has the provider maintained an individual sub-account for the individual?	<p>The individual's funds are maintained in an account separate from any other individual's funds OR</p> <p>As applicable and allowable, an organization Rep Payee is maintaining the individual's funds in a sub-account</p>	Based on record review and discussions, are the individual's funds maintained in an account separate from any other individual's funds?
Is there written confirmation that the identified provider supplies monthly account balances and records of transactions to the individual/guardian? (In cases where the provider is an organizational representative payee, the account number will not be made available to the individual or their guardian if indicated)	Evidence indicates that monthly summaries and transaction records have been forwarded to the individual and/or guardian	Ask to see copies of monthly account balance and evidence that copies have been sent to individual/guardian. Based on record review, does evidence support that monthly balances are being completed and provided to the individual/guardian.

Is evidence present confirming the identified provider is retaining receipts for all expenditures charged against the individual's financial resources? (Discretionary funds for personal spending as described in the ISP do not require receipts)	Receipts are present to support expenditures that have been charged to the individual	Review receipts and expenses. Based on record review, does evidence support that system is in place to retain expenditure receipts and receipts are being kept?
Is the individual's checkbook balanced and current? (In cases where the provider is an organizational representative payee, the checking account number will not be made available to the individual or their guardian, if indicated)	The individual's checkbook has recently been balanced	Review receipts, expenses, and check registry. Based on record review, does evidence support that account transactions are being recorded and that if there is a rep payee, that account number information is not made available to individual/guardian
Are there bank statements present with clear documentation that the bank statements and the individual's checkbook have been reconciled? (In cases where the provider is an organizational representative payee, the checking account number will not be made available to the individual or their guardian, if indicated)	The individual's accounts have been reconciled against the balance reported by the provider/bank	Based on record review, evidence supports that the account transactions have been reconciled and a balance exists between what the account holder indicates as the balance and what is being reported as the individuals' balance

Does observation, record review, and discussion with staff, the individual and the legal guardian if indicated, confirm that a provider or a provider's employees are not lending money to, or borrowing money from, the individual?	Lending and borrowing is not occurring between provider, staff and the individual.	Based on observations, record review, and discussions does information support that loans/lending is not occurring between the individual and the provider's employees
Has the individual avoided being charged for and/or paying for late fees and overdraft charges for the past 90 days?	The individual has not incurred a late fee or overdraft charge in the past 90 days	Based on record review and discussions, does evidence support that the individual is not being charged for late fees and overdraft charges
Has the identified provider obtained a rental agreement in the individual's name?	The individual has a current rental/lease agreement	Based on record review, does evidence support that there is a current lease/rental agreement in place?
Does the identified provider have documentation that the entire RLA/ICLB was deposited into the individual's account?	RLA/ICLB funds received to meet the individual's needs are deposited in the individual's funds	Based on record review, does evidence support that the RLA/ICLB funds were deposited into the individual's account?
If the identified provider is charging a fee for acting as the Social Security Representative Payee, does the provider have written authorization from the Social Security Administration authorizing the fee?	Only as allowable by and evidence is available from SSA, Rep Payee fee is being charged to the individual	Based on record review, does evidence support that the rep payee, if identified, has documentation supporting the charge to serve as rep payee from SSA
Is there evidence that interest is being attributed to the individual's account, or in the case of an organizational representative payee, the individual's sub account?	The individual's accounts are being credited for interest earned	Based on record review, does evidence support that interest owed for account balance is being appropriately credited to the individual's account?

Environmental Safety when visiting the home

Is the exterior of the Individual's residence free of obvious structural defects and environmental hazards?	The individual's environment is safe and free from dangerous, unhealthy, or unsanitary defects, damage, or hazards	Review exterior for holes, gaps, issues for landlord/owner to address. Based on observations, are there any holes in walls, around windows, broken/missing glass, debris piles, etc
Are all interior walls, floors, and ceilings of the individual's residence clean and in a safe condition?	The individual's home is clean and safe	Review interior for holes, gaps, cleanliness, mold, etc. Based on observations, is the home free from evidence of mold, mildew, holes, gaps, or other possible issues affecting cleanliness or safety
Are all needed environmental modifications and assistive devices identified in the individual's ISP in place and available to the individual?	The individual's identified adaptive equipment is available for use and functioning/operating properly	Based on observations, record review, discussions, and testing, does evidence support that modifications have been completed and devices identified in the ISP are present.
Are there adequate residential furnishing and appliances present that are clean, safe and in functional condition?	The HH furniture and appliances are safe, clean, operational, and adequate to meet the consumer's needs	Based on observations, record review, discussions, and testing, does evidence support that there are adequate furnishings and appliances in the home that are clean, safe, functional, and meet the individual's needs/desires
Is a fire extinguisher present that indicates a full charge and an inspection within the past 12 months?	The fire extinguisher is present, appears to be charged, and has been inspected in the past 12 months	Check for the extinguisher and tag verifying service in the past 12 months. Based on observations, record review and discussions, does evidence support that a fire extinguisher is present and appears to be charged and/or has been inspected in the past 12 months
Is a functioning carbon monoxide detector present in the residence if wood or gas fired appliances are installed?	As needed, CO detector is present in the home and is functional	Based on observations, record review, discussions, and testing, does evidence support that there is a working carbon monoxide detector
Is a functioning smoke detector located on each floor of the residence, and within 10 feet of each bedroom door?	Smoke detectors are present, functioning, and at least one is located in each defined area	Based on observations, record review, discussions, and testing, does evidence support that there is a working smoke detector near each separate sleeping area

Does the bathroom include functioning toilet, washbasin, tub or shower, and hot and cold running water?	The toilet flushes, doesn't leak, and shuts off after filling. The wash basin and tub holds water, doesn't leak, and drains appropriately. The shower doesn't leak and drains appropriately. There is running water in each toilet, wash basin, and tub/shower.	Based on observations, record review, discussions, and testing, does evidence support that toilets, wash basins, tubs, showers, cold water, and hot water are each working
If the ISP does not indicate that the individual can independently adjust water temperatures, is the hot water temperature in the tub, shower and wash basins comfortable but no warmer than 110° Fahrenheit?	If indicated, the anti-scalding device is in place. As indicated, water temperature is set at and is tested to confirm that it is set at a comfortable temperature, but not higher than 110 degrees.	Based on observations, record review, discussions, and testing, does evidence support that water temperature does not exceed 110 degrees. Must be tested no less than quarterly. Daily would be best.
Does observation, record review, and discussion with staff, the individual and the legal guardian, if indicated, confirms that the residence is free of rodent, insect, and/or other pest issues?	The home is free from signs of infestation: droppings, nesting material, gnawing or chewing, odors, etc.	Based on observations, record review, and discussions, does evidence support the environment is free from rodent, insect or other pest issues?
Is the residence free of clutter and debris both inside and outside?	The home is free of debris piles or clutter restricting safe movement in and around their home	Based on observations, record review and discussions, does evidence support that the property area accessible to the individual is free from debris and clutter
Is there a 3-day supply of diet-appropriate food in the home?	The individual has a 3 day supply of diet appropriate foods.	Look in cupboards, review ISP and/or dining/nutritional plans. Based on review, the home is stocked with at least a 3 day supply of food that is consistent with the individual's diet needs
Does the individual have weather appropriate clothing based on their preferences as identified in the ISP??	The individual has clothing to wear that meets their identified preferences	Review PCD, ISP, Meeting minutes, daily narratives, etc. Based on review, consumer has access the type, style, size, color, design, etc. of clothing available that meets their identified preferences
Does individual have personal hygiene items, including toilet paper, soap, and paper towels?	The individual has toilet paper, soap, paper towels, etc available for use.	Look in closets, cupboards, store rooms, etc. Based on review, there are hygiene products available to ensure the health, safety, and sanitary conditions of the individual.

Other/Misc Issues		
Does observation, record review, and discussion with staff, the individual and the legal guardian if indicated, indicate the individual's satisfactory status in regards to other issues not addressed in the previous sections of this review?	There are no other issues, not otherwise noted above, that need to be addressed	